

Pregnancy Maintenance Initiative (PMI) 2016-2017 (FY17 Auto Copy)

Date Generated: 03/23/2016

Catholic Charities of Salina

Period: 07/01/2016 - 06/30/2017

Filter(s): Catholic Charities of Salina;

Grouping A - Administration and Management

Goal: A.1 - Capacity building and accountability

Start Date:

End Date:

Attachments: Catholic Charities of Salina Non-Profit Status 501(c)(3); Catholic Charities Organizational Chart

Attach proof of Non-Profit Status (501(c)(3))

Did you attach your Non-Profit Status (501(c)(3))?: Yes

List your PMI Program staff names, positions and email addresses (Note the staff member who is the Primary Point of Contact): Gwen Hodges - Director of Counseling and Social Services (Primary Point of Contact) - ghodges@ccnks.org

Jessica Palen - Manhattan PMI Case Manager - jpalen@ccnks.org.

Peggy Crippen - Salina Case Manager - pcrippen@ccnks.org.

Vacant - Hays Case Manager

Summarize your staff management plan to include verification of staff licensure, documentation of mandated training, performance appraisal process and professional development plan.: We carry out an effective staff management plan by employing professionally trained individuals. The PMI Program Supervisor and the Manhattan case manager are both licensed, clinical social workers (LSCSW). There is currently a vacancy in the Hays office which we aim to fill with either an LBSW or LMSW. The PMI case manager in Salina who started January 20, 2015, has a BS in Psychology, a Master's in Human Development & Family Studies and 10 years of experience working in social services. A request for exception was approved by Barb Kramer of KDHE on January 15, 2015, for the Salina worker. Each social worker is asked to provide copies of license cards as well as CEU certificates for their personnel records. These are verified each year at the time our agency is inspected by the state in order to maintain our status as a certified adoption agency.

The preferred method for recruiting all employees (including those involved with PMI) is as follows:

1. The position is announced internally and current employees are invited to apply.
2. The position is advertised in the community where the opening exists - Hays, Manhattan or Salina. Advertisements for the vacant Hays position are currently listed with the Hays Daily News, various job websites including Kansas Works, our agency Facebook page, and through the FHSU Social Work Department
3. All applicants are asked to complete employment applications
4. Applicants are screened by the program director who gathers input from the Executive Director.
5. The top candidates are asked to complete forms authorizing background checks and reference checks. They are also asked to register for the on-line child safety training and complete the video course through the Catholic Diocese of Salina's Virtus link.
6. The top two candidates are asked to complete a specific GALLUP phone interview conducted by a board member certified and trained in these assessments.
7. The top two candidates are then given personal interviews by the Executive Director who retains final approval.

Employees participate in performance appraisals with their direct supervisors and/or the organization's Executive Director to provide both positive and constructive feedback, to determine goals for their current positions for the upcoming year, and to establish professional development goals for their careers. As a group, the PMI case managers meet every other month to disseminate information and staff questions or concerns about their PMI, adoption, and clinical therapy cases.

Employees are expected to have at least one team member participate in trainings including, but not limited to, annual training. The case managers have been asked to monitor KS-TRAIN on the KDHE website for upcoming training that could be of benefit. The program director also monitors training opportunities and webinars offered by KDHE and assigns training to the appropriate staff. All PMI case managers have participated in KDHE webinar training related to the implementation of DAISEY. The finance manager and program director have also participated in Catalyst training for program reporting and grant submission.

PMI case managers submit monthly stats reports to the program director and finance manager for internal tracking purposes and budget needs, including quarterly reports for KDHE (Affidavit of Expenditures and Client Demographic Summaries). PMI case managers are provided feedback from the program director regarding their progress toward goals.

Attach an Agency Organizational Chart

Did you attach an Agency Organizational Chart that clearly identifies where the PMI section falls within the agency and the staff associated?: Yes

Strategy: A.1.1 - Build internal capacity

Start Date:

End Date:

Attachments:

Requirement: A.1.1.1 - Attend annual meeting/training provided by KDHE

Start Date:

End Date:

Attachments:

Requirement: A.1.1.2 - Provide orientation and training of new staff

Start Date:

End Date:

Attachments:

Describe your process for orienting and training staff new to the PMI program.: Staff orientation is conducted upon the initial hiring of employees to familiarize them with the general policies of the agency. Within the last year, the agency updated all policies and procedures to make them available electronically on a newly deployed intranet system accessible from all the offices. New employees will dedicate time to reading through PMI policies procedures and program specific forms. During the first few weeks on the job, employees spend time shadowing co-workers who help train them on specific job duties. The worker to be hired for the Hays position will have direct training under the program director who is housed from the same office. Any new hires will also complete the KDHE agreements for authorized use of the DAISEY system.

Requirement: A.1.1.3 - Develop a method for recruiting selecting, and training staff

Start Date:

End Date:

Attachments:

Strategy: A.1.2 - Communicate and coordinate local work with State staff

Start Date:

End Date:

Attachments:

Requirement: A.1.2.1 - Submit Financial Status Report and Client Demographic Summary quarterly

Start Date:

End Date:

Attachments:

Requirement: A.1.2.2 - Submit Quarterly Progress Report

Start Date:

End Date:

Attachments:

Requirement: A.1.2.3 - Participate in site visits and technical assistance calls as requested by the State

Start Date:

End Date:

Attachments:

Goal: A.2 - Program evaluation**Start Date:****End Date:****Attachments:** Catholic Charities of Salina, Inc. Client Satisfaction Survey

Summarize your program evaluation methods to include how you will expand services to meet community needs.: We evaluate our program by tracking birth outcomes, progress toward client goals, and client satisfaction. This comprehensive approach has been effective at helping the agency to reach the highest at-risk target population of expectant mothers. Of the new mothers enrolled during the first half of the last grant cycle (July 1 to December 31, 2015): 79% of the newly enrolled were below 100% poverty level; 97% were at 150% or below poverty level; and 76% were on Medicaid or identified as self-paying. Furthermore, of the enrolled mothers giving birth during the reporting period, only 12% resulted in a premature deliveries. During this same 6 month period, the three PMI case managers served 63 new clients. Of the 120 combined (duplicated and unduplicated) women served, there were 65 mothers who gave birth and 4 who experienced miscarriage or fetal loss. Compared to this same reporting period last year, there is a striking 173% Year-Over-Year growth in the number of new women enrolled (new enrollment increased from 23 to 63 during this same 6 month period). This growth can be attributed to a combination of two factors – an absence of extended vacancies in the PMI program and a major outreach and recruiting effort that occurred during the 4th Quarter of the last grant year.

To enhance previously established evaluation procedures, the PMI case managers began additional monitoring during the last quarter of the 2014/2015 grant cycle. The additional methods of tracking helped to establish the effectiveness of case management interventions for client goal attainment and referrals. After having controlled for women who left the program early due to miscarriage or a relocation out of the service area, our program goal to have 50% of clients achieve 75% of their case management goals was exceeded, with 82% of women meeting at least 75% of their case management goals. Our goal to have 50% of women follow through on 50% of their referrals was also exceeded, with 60% of women following through on at least 50% of their referrals.

In regard to meeting community needs, PMI case managers work closely with County Health Departments, hospitals, doctors, and early childhood intervention programs. PMI case managers take a collaborative approach, especially through the referral process. Case managers in Hays, Salina, and Manhattan participate in various interdisciplinary community meetings focused on maternal health or social services. Case managers are receptive to entering new communities where collaborations have not previously been established. The agency is establishing mobile units to travel to rural communities to deliver needed food, clothing, and hygiene items. This community presence opens the door to further outreach regarding PMI services.

Additional aspects of the assessment process include formal participant satisfaction surveys and informal solicitation of client feedback. Input from the newly established PMI Advisory Committee is one additional method of evaluation.

Attach a Client Satisfaction Survey in the attachment section above**Did you attach a Client Satisfaction Survey?: Yes****Strategy: A.2.1 - Develop a program evaluation process to ensure services are provided as proposed****Start Date:****End Date:****Attachments:****Requirement: A.2.1.1 - Develop and use a client satisfaction survey****Start Date:****End Date:****Attachments:****Requirement: A.2.1.2 - Develop and maintain program policies and procedures that are based on program standards and guidelines.****Start Date:****End Date:****Attachments:**

Strategy: A.2.2 - Create and maintain a functioning advisory group.

Start Date:

End Date:

Attachments:

Describe your PMI Advisory Group membership and frequency of meetings.: As part of the program, a PMI Advisory Committee of 5 to 10 individuals was established to meet biannually during the year of inception. This committee shall consist of the PMI case managers from each office, the program supervisor from Catholic Charities, and at least one other individual from each area where Catholic Charities of Salina currently maintains an office. The program supervisor is responsible for taking minutes and maintaining the records. Participation in the meeting may be made in person, by telephone, or other electronic means. The purpose of the group shall be to provide feedback on the needs of the local communities, ideas on how to reach participants, and the effectiveness (or ineffectiveness) of the various program aspects. The meetings also serve as a means of communicating KDHE program and delivery changes and any agency changes in program goals or focus. Following the founding year, meeting frequency may be abridged to annually, as appropriate.

In October of 2015, the initial PMI Advisory Group meeting was held with participation from agency staff, local health department staff, an early childhood development program representative, and a former client. A second meeting is scheduled for April of 2016.

Requirement: A.2.2.1 - Composition of the advisory group will reflect the community (race, ethnicity, SES)

Start Date:

End Date:

Attachments:

Requirement: A.2.2.2 - Regular meetings will be held and minutes of the meeting kept

Start Date:

End Date:

Attachments:

Grouping B - Data and Information

Goal: B.1 - Measure program impact

Start Date:

End Date:

Attachments:

Describe your program goals, objectives and outcome measures.: The goal of our PMI case management program is to assist Kansas women, especially those at-risk due to socioeconomic factors, in carrying out a healthy full term pregnancy. The objective of the program is to support pregnant women through an intensive case management program which includes goal planning and the creation of a birth plan. A secondary program objective is to enroll women in maternal education classes including pre-natal, labor and delivery, and early childhood programming. In order to evaluate our objectives, two outcomes will be measured. The first outcome is that 75% of clients will comply with at least 75% of their case management goals, which will include the completion of a birth plan. The second outcome established is that at least 50% of clients will enroll in either a pre-natal, labor and delivery, or early childhood educational program prior to exiting the program.

How will you measure effectiveness of services, interventions and referral networks?: The overall effectiveness of the PMI program was previously measured by the number of healthy, full-term births to enrolled mothers. Starting with the final quarter of Fiscal Year Ending June 30, 2015, the PMI case managers started tracking the number of goals and the number of referrals each mother completes. PMI case management goals cover a variety of domains which have had historical focus within the PMI grant. PMI case managers have incorporated a list of referrals and interventions. To ensure that the needs of each individual client are being addressed and met, case managers have identified the following interventions that must be discussed and considered with each enrolled client:

1. Prenatal Medical Care.
 - a. Daily compliance of prenatal vitamins
 - b. Attend 90% of prenatal visits after enrollment in program
 - c. Reach full term pregnancy (greater than 37 weeks)
 - d. Live birth of child
 - e. Abstain from tobacco use after enrollment in program
 - f. Development of a birth plan
2. Medical Care (non-pregnant)
 - a. Secure a pediatrician
 - b. Manage diabetes (blood sugars remain within normal range)
 - c. 90% compliance with medication and doctor visits prescribed for non-pregnancy related health concern
 - d. Family planning methods secured
3. Housing
 - a. Secure safe and affordable housing
 - b. Enroll in public housing or housing assistance program
 - c. Long term housing attained
4. Education.
 - a. Enroll in or obtain GED or High School Diploma
 - b. Enroll in or obtain vocational training
 - c. Enroll in or obtain college education
5. Adoption Counseling
 - a. Verbalize an attainable plan for parenting versus adoption
 - b. Make an adoption plan
6. Drug & Alcohol Assessment.
 - a. Accept a referral to receive substance abuse treatment
 - b. Receive and/or complete a treatment program
 - c. Abstain from drug use
 - d. Abstain from alcohol use
7. Domestic Violence Protection
 - a. Accept referral to domestic violence center
 - b. Exit an unsafe relationship
 - c. Create a safety plan for unsafe relationships
8. Child Care
 - a. Secure child care (self, family or provider)
 - b. Enroll in child care assistance through Department of Children & Families
 - c. Enroll in Early Head Start home or center-based daycare
9. Parenting Education and Support
 - a. Enroll in early education services
 - b. Attend childbirth classes
 - c. Attend parenting classes
10. Transportation
 - a. Acquire a reliable vehicle
 - b. Repair inoperable or unreliable vehicle
 - c. Establish plan for transportation through family or friends (develop vehicle schedule)
 - d. Secure access to public transportation

e. Obtain a legally approved car seat

All clients will complete needs assessments or intake forms during their initial PMI sessions. Through active listening, communicating and advocating with clients about their specific needs and gathering feedback from clients during their goal planning discussions, case managers develop detailed accounts of the mothers' current situations and goals for the program. The intake tool utilized provides important information regarding current obstacles for mothers and helps to determine the referrals the case manager will make. The assessment gives the mother the opportunity to discuss her situation openly and to shape her individualized program. This is the most vital component of the intake session because it validates the wishes of the mother and aids in the determination of needed referrals to collaborating community agencies. The case management is then driven by the targeted goals that arise from each client's own identified needs. The PMI case manager will track and review progress toward each client's stated goals and evaluate the needs identified by the client throughout the pregnancy and in the 6 months post-birth. Incentive programs will be used to encourage client participation in setting and progressing toward case management goals.

Regarding educational objectives, case managers will work with clients on selecting an appropriate educational course, taking into account geographical availability, scheduling constraints, personal needs and the number of pregnancies for the individual client. The case manager will assist women in enrolling in educational classes and may use program funds to cover associated expenses on an as needed basis. Case managers will follow up with clients about their participation in educational programming and offer incentive items to women who return proof of program completion.

How will you ensure services provided are those needed by clients?: To help ensure that all of these services are the ones needed by the client, the agency will establish and utilize an advisory committee as set forth in the Catholic Charities PMI Manual. In addition, the PMI case managers shall engage in actively listening to, communicating with, and advocating for clients about their specific needs through the completion of the client goal planning forms and the client satisfaction surveys included in the Catholic Charities PMI Manual. A collaborative referral process also assists case managers in guiding services. With consent, authorized through a signed release, professionals may collaborate to ensure that all needs are taken into account and that appropriate services are offered.

Describe your plan for collecting and entering client information into DAISEY (KDHE approved data system), including who will collect the information and how it will be collected. If you plan to import data from another system, include the name of the system (Insight, Nightingale Notes, etc.): Depending on factors such as location, time-frame, and language proficiency of the client, entering of client data into DAISEY may be handled one of two ways. First, the client may fill out a hard copy of the KDHE Intake paperwork which will be entered into the DAISEY system by the PMI case manager after the intake session. Second, the PMI case manager may interview the client, collecting and entering data simultaneously during the PMI intake session. In all cases, client data will be entered into the DAISEY system by the PMI case manager. There are no current plans to import data from another system.

Strategy: B.1.1 - Develop an evaluation tool to measure program effectiveness

Start Date: 07/01/2016

End Date: 06/30/2017

Attachments:

Requirement: B.1.1.1 - Gather and use data to plan and evaluate interventions and referral networks

Start Date:

End Date:

Attachments:

Requirement: B.1.1.2 - Gather and use data to assess program impact

Start Date:

End Date:

Attachments:

Grouping D - Interventions to Improve Public Health

Goal: D.1 - Provide services to enable pregnant women to carry their pregnancies to term

Start Date:

End Date:

Attachments:

Describe services to be provided to pregnant women that will enable them to carry their pregnancies to term. Note the strategies and curriculums used and note whether or not they are evidence-based.: It is the overall goal for each enrolled mother to carry her pregnancy full-term and deliver a healthy baby. This objective, therefore, drives the services provided to the enrolled mother. Our program uses a comprehensive approach to help enrolled mothers meet all of their prenatal needs in order to help them maintain healthy, full-term pregnancies with the assistance of a case manager. Case managers employ several evidence based methods, including Theories of Change Models and Motivational Interviewing strategies in order to collaborate with clients to complete the goal planning process. Identified goals are tracked through individualized case management. Referrals are made for enrolled mothers to collaborating community resources and support services. Enrolled mothers receive education regarding prenatal medical care, non-pregnancy related medical care (for client and her family), housing, education, promotion of paternal involvement & responsibility, adoption counseling & referrals, affordable child care, budgeting, parenting education/support, breastfeeding, infant safety, healthy relationships and anything else that might help the mother maintain a healthy, full-term pregnancy. When indicated, case managers may conduct home visits to support clients and promote compliance. Case managers will also encourage clients to sign releases of information with their prenatal care providers and other social service agencies in an effort to increase communication and transparency. The case managers assist mothers in developing parenting plans which may include adoption as a parenting alternative if so determined by the mothers and any involved fathers.

The agency has created a Catholic Charities PMI manual that establishes the policies and procedures for the PMI program. The manual outlines how the local PMI program is to implement all aspects of the program including: availability of services; client confidentiality; eligibility criteria; staff responsibilities, qualifications and credentials; process for client intake & needs assessment; goal planning, follow-up procedures; referral criteria & feedback process; and client satisfaction surveys.

Describe the adoption services and pregnancy education to be provided as part of the program.: When an expectant mother expresses interest in creating an adoption plan, the case manager provides support in accessing the appropriate services and the most accurate and necessary information regarding the adoption process. The agency is a licensed adoption provider and has licensed staff to assist the mother in differentiating and choosing between a parenting plan and an adoption plan. The case manager can provide information about open adoptions, the relinquishment process, and financial issues in order to assist birth mothers in making that decision. If creating an adoption plan is the expectant mother's final decision, the case manager helps her to carry out the process and advocates for her wishes. The mother is provided with specialized guidance and emotional support which are not limited to the time-frame of her pregnancy.

Provision of prenatal, pregnancy and parenting education to promote infant development and emotional support are provided by the case manager based on the information the expectant mother wants to address. The case manager may refer the mother to outside agencies offering more detailed pregnancy, parenting, and prenatal education offered at local hospitals, Head Start, local health departments and other places.

In accordance with the policies set forth in the PMI manual and the fundamental values of the Catholic Church, the PMI case managers will not encourage abortions or refer mothers to any agencies who perform such services.

Each PMI case manager averages about 20-30 cases open at any given time and the agency expects to achieve the following numbers during the next grant year:

New Enrollments 100

Total Women Served 175

Outreach Events 6

Outreach Participants 300

Estimate the total number of pregnant women to be served during the grant period.: 175

Strategy: D.1.1 - Assure that no individuals unable to pay will be denied pregnancy maintenance services

Start Date:

End Date:

Attachments:

Requirement: D.1.1.1 - Have on file written protocols that clearly outline how the local pregnancy maintenance services are to be implemented

Start Date:

End Date:

Attachments:

Strategy: D.1.2 - Adoption services and pregnancy education will be part of the program

Start Date:

End Date:

Attachments:

Requirement: D.1.2.1 - Case managers to attend adoption training class

Start Date:

End Date:

Attachments:

Requirement: D.1.2.2 - Provide plan for providing adoption as an option

Start Date:

End Date:

Attachments:

Requirement: D.1.2.3 - Provide adequate resources and referrals

Start Date:

End Date:

Attachments:

Goal: D.2 - The program shall not perform, promote or refer for education in favor of abortion.

Start Date:

End Date:

Attachments:

Can you provide assurances that the program will not perform, promote or refer for education in favor of abortion?: Yes

Select all counties to be served below

County: Cheyenne; Clay; Cloud; Decatur; Dickinson; Ellis; Ellsworth; Geary; Gove; Graham; Jewell; Lincoln; Logan; Mitchell; Norton; Osborne; Ottawa; Phillips; Rawlins; Republic; Riley; Rooks; Russell; Saline; Sheridan; Sherman; Smith; Thomas; Trego; Wallace; Washington

Strategy: D.2.1 - Provide assurances

Start Date:

End Date:

Attachments:

Grouping E - Communications and Promotions

Goal: E.1 - Increase public awareness of services and generate buy in

Start Date:

End Date:

Attachments:

How will you promote your Pregnancy Maintenance Initiative (PMI) services to the community?: During 2015, the agency participated in numerous outreach activities to promote the PMI program in communities within its Northwest Kansas service area. The case managers and Executive Director will continue to promote PMI services on the agency website and Facebook page, in presentations to parishes, at board meetings, and to local civic organizations like AMBUCS and Rotary. The agency will continue to encourage parishes throughout the Diocese to promote the PMI program in their local church bulletins.

The agency will also continue the successful brochure driven outreach efforts targeted toward the county health departments, DCF offices, St. Francis Social Services, schools, parishes, hospitals and OB/GYN professionals.

In addition, the PMI case managers will also continue participation in monthly prenatal and social service professional work groups where programs can be promoted. The agency is a United Way partner agency in Hays, Manhattan, and Salina, allowing the PMI program to be promoted at many United Way events.

What are your planned outreach activities?: In the upcoming year, the Manhattan office will participate in the community wide Everybody Counts, and the Hays office will participate in the Family Fun Fest and Go Truck Go. The agency will continue its efforts to expand the reach of its PMI services, and tailor its services to meet the needs of the different communities. The PMI case managers will seek to participate in community and resource fairs sponsored by local colleges and universities. PMI case managers are each expected to participate in 2 or 3 events annually.

Strategy: E.1.1 - Promote services to community

Start Date:

End Date:

Attachments:

Strategy: E.1.2 - Planned outreach activities

Start Date:

End Date:

Attachments:

Strategy: E.1.3 - Target and recruit clients

Start Date:

End Date:

Attachments:

Grouping F - Partnerships

Goal: F.1 - Collaborative partnerships with community providers**Start Date:****End Date:****Attachments:**

Identify your key partners including community-based health, social service providers, and Maternal and Child Health (MCH). Describe how you collaborate to ensure needed services are provided.: The PMI case managers have worked to develop an array of beneficial community partnerships across the expansive 31-county service area of the agency. This has been accomplished via presentations and/or mailings to promote the important services available through the PMI program. Case managers actively participate in various social service agency meetings and other outreach activities (like local community perinatal coalition meetings, local health/toddler fairs). The agency has a large contingent of cooperative community relationships including: local Head Start programs, local city libraries, Birthright, Salina Family Healthcare Center, Pregnancy Service Center, Mercy Regional Health Center, Kansas Department of Children and Families, local WIC offices, local county health departments, local family physician offices, Riley County Free Clinic, local workforce centers, Flint Hills Breadbasket, Harvest America, Manhattan Women's Health Group, local United Way agencies, Catholic churches in each community, Manhattan Life Choice Ministries, Hays Community Assistance Center, local Salvation Army stores, First Call for Help in Hays, and Hays Area Children's Center & Healthy Families. During the last year, a special collaboration has formed between the PMI case managers and the County Health Departments in Norton and Clay counties. The health departments in these more rural areas started hosting PMI case managers on a monthly basis so that pregnant women in their programs could benefit from these specialized PMI services without having to travel to Hays or Manhattan. Case managers often travel with needed baby items to help supply women in rural communities with basic infant care items. A similar partnership is being developed between the Salina case manager and the Lincoln County Health Department.

When referring for services outside the program, what are the processes for initial referrals and for follow-up after referral?:

Initially, the case manager and the client identify and prioritize the goals and additional resources together. The case manager may refer the client to a specific agency based on the needs identified by providing a brochure, discussing the agency's services, and/or contacting the agency with the client present. When a referral is made, the case manager requests that the client sign a release of information. The case manager will then offer incentive items to the client upon verification that she has followed through with the referral. A joint effort between the client, case manager and referral agency is needed to ensure mothers receive the support and services set forth in their goal plans and to avoid duplication of services.

Strategy: F.1.1 - Build and maintain local partnerships**Start Date:****End Date:****Attachments:****Requirement: F.1.1.1 - Develop and maintain collaborative partnerships with community providers of related services****Start Date:****End Date:****Attachments:****Requirement: F.1.1.2 - Develop referral sources for related services****Start Date:****End Date:****Attachments:****Requirement: F.1.1.3 - Track referrals made and outcomes of those referrals****Start Date:****End Date:****Attachments:**